

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Defending Main Street SuperPAC Inc. | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00540203 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Sherpa Public Affairs, LLC | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 27 / 2014</div> </div> | | |
| Mailing Address 8411 N. 11th Avenue | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14000.00</div> | | |
| City Phoenix | State AZ | Zip Code 85021 | Transaction ID : SE.4362 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 24 / 2014</div> </div> | | |
| Purpose of Expenditure Print Ad / Mailer | | Category/ Type | Name of Federal Candidate Andy Tobin | | |
| Name of Federal Candidate Andy Tobin | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------|---|--|--|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> | | |
| Mailing Address | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14000.00</div> | | |
| City | State | Zip Code | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> | | |
| Purpose of Expenditure | | Category/ Type | Name of Federal Candidate | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 14000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 14000.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sarah Chamberlain

[Electronically Filed]

Date

MM / DD / YYYY
10 / 24 / 2014

Signature